

6/7/2018

[Dart Hawkesbury] Job Sheet - David, Logan



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**RBW6505G00831-3G-21****Job Sheet 178820****Part No:** RBW6505G00831-3G-21**Job Qty:** 6 ea**Part Name:** Swivel Plate**Part Weight:** 0 lbs**Status:** Scheduled**Priority:** High**Job Created:** 6/7/18**Job Tracking No:****Due Date:** 6/18/18**Created By:** Logan David**Type:** SOLD**Description:****Note:** URF17-785 DWG RBW6505G00831-3G Rev2 IPP Rev A 17.11.22 New issue DP Verify DD**Ship Via:****Bill of Materials****Job Routing**

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off    |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|-------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |             |
| 90    | Start up Operation | 6 Ea  | 6/18/18    | 6/18/18  | 0.00      | 0.00    | Start Up Waterjet     |           | de 18/02/17 |
| 100   | Waterjet           | 6 pcs | 6/18/18    | 6/18/18  | 0.00      | 0.60    | Waterjet 2 OMAX       |           | de 18/02/17 |
| 110   | QC                 | 6 pcs | 6/18/18    | 6/18/18  | 0.00      | 0.00    | QC2                   |           | de 18/02/17 |
| 120   | QC                 | 6 pcs | 6/18/18    | 6/18/18  | 0.00      | 0.00    | QC8-6                 |           | 9-88        |
| 121   | HandFinish         | 6 pcs | 6/18/18    | 6/18/18  | 0.00      | 0.60    | HandFinish7           |           | BEF18-06-20 |
| 125   | QC                 | 6 pcs | 6/18/18    | 6/18/18  | 0.00      | 0.00    | QC5                   |           |             |
| 127   | Outsource          | 6 pcs | 6/18/18    | 6/18/18  |           |         | GRO002-VC             | 7         | CT 18-6-21  |
| 140   | Packaging          | 6 pcs | 6/18/18    | 6/18/18  | 0.00      | 0.00    | Packaging2            |           | CT 18-6-21  |
| 150   | QC                 | 6 pcs | 6/18/18    | 6/18/18  | 0.00      | 0.00    | QC6                   |           | 38          |
| 160   | Packaging          | 6 pcs | 6/18/18    | 6/18/18  | 0.00      | 0.00    | Packaging3-2          |           | 38          |
| 210   | QC21-SA            | 6 Ea  | 6/18/18    | 6/18/18  | 0.00      | 0.00    | QC21                  |           | 38          |

Part Op 90 - See engineering for material sign off (MT-HRS-P)

Descriptions: 100 - 1-Cut as per Dwg (AUGUSTA FOLDER) Dwg Rev: 2 Prog Rev: 2 2-Deburr if necessary \*\*\*Note check material surface quality\*\*\*

125 - Engrave T/N And / or S/N number as required Using Marktronic engraver as per DWG.

127 - Issue P/O to Groupe Altech: P/O 040282 -Cadmium plating, QQ-416F TYPE II, CLASS II -Color; Yellow - Certificate of Conformity is required

**Job BOM**

| Part / Item    | Component Name                       | Quantity           | Operation             | Container |
|----------------|--------------------------------------|--------------------|-----------------------|-----------|
| MT-HRS-P-0.188 | Hot Rolled Steel Plate 0.1889" (44W) | 1.0200 sf (.17 ea) | 90-Start up Operation |           |

**Job Allocations**

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | MT-HRS-P-0.188 | 1        | 13        | 0         |

**Part Specifications**

Specifications could not be found.

Plex 6/7/18 4:46 PM dart.logan.david



Dart Aerospace Ltd.  
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Container No: S080558



Part: RBW6505G00831-3G-21

Job No: 178820

Serial No/Batch: S080558

Revision: 2

Inspector:

Exp Date:

Instructions:

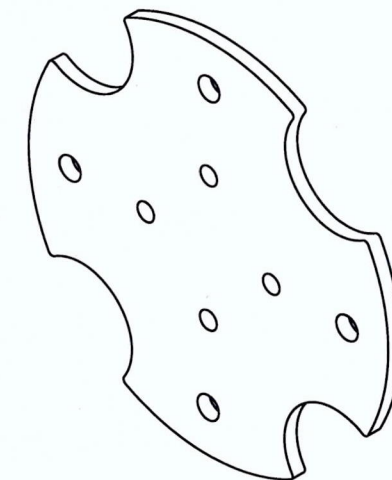
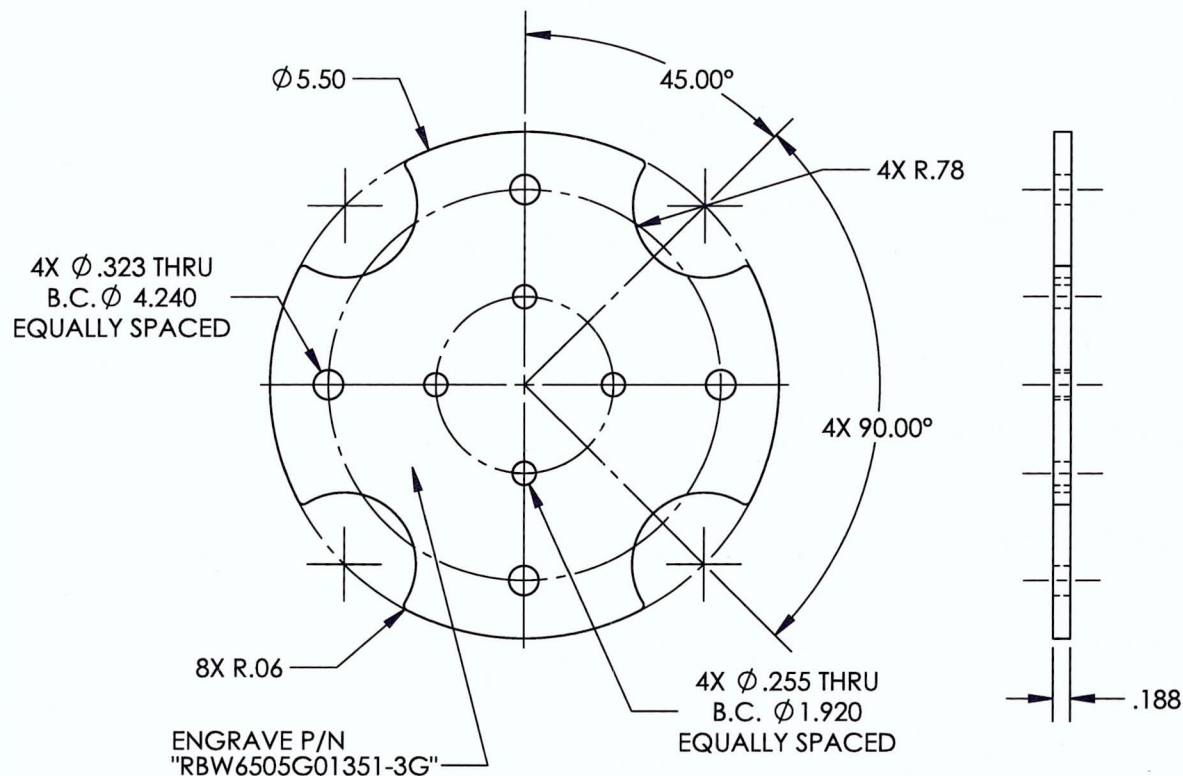
Date: 06/12/18

340  
36  
98-8

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| REV |  | DESCRIPTION | DATE | INITIAL | APPROVED |
|-----|--|-------------|------|---------|----------|
|     |  |             |      |         |          |

TEO ATTACHED



(-21)  
SWIVEL PLATE

|                                                        |                                             |
|--------------------------------------------------------|---------------------------------------------|
| <b>RED BARN MACHINE</b>                                |                                             |
| <b>TROLLEY ADAPTER, TGB SUPPORT</b>                    |                                             |
| DWG NO. <b>RBW6505G00831-3G-21</b>                     | REV <b>2</b>                                |
| MAT'L <b>A36 P&amp;O</b>                               | DRAWN BY: <b>CLOUGH</b>                     |
| UNLESS OTHERWISE SPECIFIED<br>DIMENSIONS ARE IN INCHES | APPROVED <i>D Weil</i>                      |
| .XXX ± .005<br>.XX ± .01<br>.X ± .1                    | HEAT TREAT FINISH                           |
| FRACTIONS ± 1/32<br>ANGLES ± 5°                        | SPEC QQ-P-416F, TYPE II, CLASS II           |
| 1. BREAK ALL SHARP EDGES .015 x 45°<br>OR .015R        | USED ON MODEL                               |
| 2. DIMENSIONAL LIMITS APPLY AFTER PLATING              | AW139                                       |
| SCALE <b>1:2</b>                                       | DATE <b>1/20/2012</b> SHEET <b>13 OF 16</b> |





DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |





Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# PURCHASE ORDER

## PO040282

**Supplier:** GRO002-VC  
Group Altech  
2455 Halpern  
St Laurent  
QC  
H4S 1N9 Canada  
Phone: 514-335-3666  
Fax: 514-335-3868

**PO No:** PO040282  
**PO Date:** 6/21/18  
**Due Date:** 6/26/18  
**Purchase Order Revision:**  
**Revision Date:**  
**Ship-To Contact:** Tsimiklis, Chrisoula

**Via:** Ground

**Pynt Terms:** Net 30

**Freight Terms:**

**Special Comments:**

**Ship To:** 1270 Aberdeen Street  
Hawkesbury  
ON  
K6A 1K7 Canada  
Phone: 613-632-5200

### Items

| Line Item           | Job    | Part                | Description                                                                                                                                                                                                                                                                               | Status | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price  |
|---------------------|--------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|----------------|-------------------|---------|------------------|-----------------|
| 1                   | 178820 | RBW6505G00831-3G-21 | Swivel Plate<br>-Issue P/O to GROUPE ALTECH; P/O _____<br>-Zinc plate, ASTM B633 TYPE 2 SC2<br>-Color; yellow<br>-Material type; A36<br>-Certificate of Conformity is required                                                                                                            | Firmed | 6/26/18  | 6 pcs          | 0 pcs             | 6 pcs   | \$15.00/pcs      | \$90.00         |
| 2                   | 177851 | RBWSTI3326          | Socket<br>-Issue P/O to GROUPE ALTECH; PO _____<br>-Black oxide finish, MIL-C-13924C Class 1<br>-Apply thin layer of oil/CPC per MIL-PRF-16173 Grade 3 Class 1 or MIL-c-81309 Type III<br>Or MILL-C23411A or MIL-PRF-81309 and wipe off excess.<br>-Certificate of Conformity is required | Firmed | 6/26/18  | 6 pcs          | 0 pcs             | 6 pcs   | \$20.00/pcs      | \$120.00        |
| <b>Grand Total:</b> |        |                     |                                                                                                                                                                                                                                                                                           |        |          |                |                   |         |                  | <b>\$210.00</b> |

### Order Notes

CT



# Certificat de Conformité / Certificate of Compliance

(010540-1)

2455, Rue Halpern | Saint-Laurent | Québec | H4S 1N9  
 Tel: 514-335-3666 Fax: 514-335-3868  
 www.groupaltech.com

## Bon de Livraison / Packing Slip

**010540 - 1**

Livré à / Ship to

**DART AEROSPACE LTD**  
 1270 ABERDEEN STREET  
 HAWKESBURY, ON, K6A1K7  
 CANADA  
 Tel.: 613-632-5200 Fax.:

Client / Customer:

**DART AEROSPACE LTD**  
 1270 ABERDEEN STREET  
 HAWKESBURY, ON, K6A1K7  
 CANADA  
 BUYER:

| Date expédition<br>Ship date |                                                                            | Créé Par<br>Generated By                                                                       | Transport / No de Compte<br>Courier / Acc. No. | Bon de commande Client<br>Customer Purchase Order No. |                 |                   |               |                        |
|------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------|-----------------|-------------------|---------------|------------------------|
| 28-Jun-2018                  |                                                                            | Aman                                                                                           |                                                | 040282                                                |                 |                   |               |                        |
| #Ligne<br>Line#              | No. de Série / # Pièce<br>Part Number / Line Item Details<br>Job # / Ref # | Description pièce(s)                                                                           | CATG.<br>U/M                                   | Quantités / Quantities                                |                 |                   |               |                        |
|                              |                                                                            |                                                                                                |                                                | Comm.<br>/Ordered                                     | Exp/<br>Shipped | Qté NC/<br>NC Qty | Qté<br>Scrap/ | À venir/<br>Back Order |
| 1                            | RBW6505G00831-3G-21<br>Rev.                                                | SWIVEL PLATE<br>01 - ZINC-YELLOW TRI ASTM [ZINC-YELLOW TRIVALENT<br>ASTM] ASTM B633 TYPE 2 SC2 | ZINC<br><br>CH                                 | 6                                                     | 6               | 0                 | 0             | 0                      |

Notes Additionnelles / Additional Notes

(BOX)

Epaisseur réelle  
Actual Thickness
Inspecteur Qualité  
Quality Inspector
Réçu par  
Received By

Nous certifions que les pièces énumérées ci-dessus ont été traitées en conformité avec votre commande et vos spécifications et rencontrent les exigences.  
 Notre responsabilité financière et légale ne sera pas supérieure au montant de la facture issue.

We hereby certify that the parts listed above have been process in accordance with your purchase order and specifications and are in conformance with your requirements.  
 Our financial and legal responsibility will not be higher than the amount of invoice.